

Individual Application for Membership Harris County Breastfeeding Coalition

Please fax the completed form to 713-873-3919, or mail to:

Harris County Breastfeeding Coalition

C/O Margaret Konefal, Ph.D.

Women & Children's Services

Ben Taub General Hospital

1504 Taub Loop

Houston, Texas 77030

For information contact:

Margaret Konefal 713-873-3012 or e-mail margaret_konefal@hchd.tmc.edu

I wish to become a member of the Harris County Breastfeeding Coalition and support the HCBC mission to develop and implement a comprehensive, community-wide plan to increase rates of breastfeeding initiation and duration of exclusivity among women in Harris County. I am not affiliated with or employed by any current member organization or agency of the Harris County Breastfeeding Coalition.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

By my signature I certify that this application for membership was presented to the Harris County Breastfeeding Coalition and membership was approved on the date of my signature.

HCBC Secretary

Date

I will serve on the following committee(s) [please check one or more]:

- | | |
|--|---|
| <input type="checkbox"/> Breastfeeding Culture Committee | <input type="checkbox"/> Texas Ten-Step Hospital Committee |
| <input type="checkbox"/> Education / Outreach Committee | <input type="checkbox"/> Professional Training/Apprenticeship Committee |
| <input type="checkbox"/> Evaluation Committee | |